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EXPRESS MAIL NO.: EL759623680US

UTILITY PATENT APPLICATION TRANSMITTAL

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10036924 122111

Attorney Docket No.:

PF02253NA

Total Pages:

James Earl Mathis

or Application Identifier

Title:

CONTACT LIST-BASED GROUP CALL

Express Mail Label No.:

EL759623680US

10/036924

Express Mail Label No.: EL759623680US							
(Only for new nonprovisional applications under 37 CFR 1.53(b))							
APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents) ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231						
1. X Fee Transmittal Form in duplicate							
2. X Specification	Total Pages 14						
3. X Drawings	Total Sheets: 3						
4. X Oath or Declaration with Power of Attorney	Total Pages 3						
a. Newly Executed (original or copy)							
b. Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)							
i. Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b)							
5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.							
6. Application Data sheet. See 37 CFR 1.76							
7. Nucleotide and/or Amino Acid Sequence Submission							
ACCOMPANYING APPLICA	TION PARTS						
8. Assignment Papers (cover sheet and document(s))							
9. 37 CFR §3.73(b) Statement (when there is an assi	gnee) Power of Attorney						
10. English Translation Document (if applicable)							
11. Information Disclosure Statement (IDS)Form PTO/SB/08	Copies of IDS Citations						
12. Preliminary Amendment							
13. X Return Receipt Postcard (MPEP 503) (should be	specially itemized)						
14. Certified Copy of Priority Document(s)							

15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent									
16. Other:									
17. IF A CONTINUING APPLICATION check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment: Continuation Divisional Continuation-in- Part (CIP) Prior Appl. information: Examiner: Group/Art Unit:									
	(ORRESP	ONDENCE	ADDRES	SS				
Customer Num	ober or Bar Code 20280			or		Correspondence address below			
NAME Hisashi D. Watanabe									
Attorney for Applicant(s)									
Reg. No.	Reg. No. 37,465								
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CITY	Libertyville	tyville 5		IL	2	ZIP CODE		60048	
COUNTRY	U.S.A. TELE	PHONE	847-52	23-2322		FAX	84	7-523-2350	
SUBMITTED BY									
NAME	Hisashi D. Watar	Reg. No. 37,465							
SIGNATURE	Assachi D.	Wat	anabe						
DATE	12/21/01 Deposit Account User ID 13-4768								

PTO/SB/17 (11-00)

FEE
TRANSMITTAL

Patent fees are subject to annual revision

EXPRESS MAIL NO.: EL759623680US

Complete if Known

Application Number

Filing Date
12/21/01

First Named Inventor

Examiner Name

Group Art Unit

TOTAL AMOUNT DE PAYMENT

(\$) 740.00

Atternaty Desiret No. | PE02253NA

TOTAL AMOUNT OF PAYMENT	(\$) 740.00	Attorney Doc	ocket No. PF02253NA							
METHOD OF PAYMENT				FEE CALCULATION (continued)						
1				3. ADDITIONAL FEES						
indicated fees and credit any overpayment to:			Lar	-		nall				
Deposit Account Number			<u>Ent</u>	<u>IIV</u>	E	<u>ntity</u>				
Deposit Account Name Motorola, Inc.			Fee	Fee	Fee	Fee				
			Code	(\$)	Code	(\$)	<u>Fee</u>	Fee Description		
χ Charge Any Add	itional Fee Required		105	130	205	65	•	late filing fee or oath	<u> </u>	
Under 37 CFR 1	.16 and 1.17		127	50	227	25	•	Surcharge – late Provisional filing		
Applicant claims	small entity status.		139	130	139	130	Non-English	•		
See 37 CFR 1.2	7		147	2520	147	2520		quest for ex parte		
٥ 🗔			مدد ا	000*	440	000*	Reexamination			
2. Payment Enclosed:			112	920*	112	920*	Requesting put Examiner act	lication of SIR prior to tion		
Check Credit Money Other Card Order			113	1840*	113	1840*	Requesting p Examiner ac	oublication of SIR af tion	ter	
			115	110	215	55		r reply within first mo		
FEE	CALCULATION		116 117	400 920	216 217	200 460		eply within second mont	th	
1. BASIC FILING FEE			117	920 1440	217	720		eply within third month eply within fourth month		
I. DASIC FILING FEE			128	1960	228	980		r reply within fifth mo		
Large Entity Small	Entity		119	320	219	160	Notice of Ap			
Fee Fee Fee	Fee		120	320	220	160	Filing a brief	in support of an app	peal	
Code (\$) Code	(\$)	Fee Paid	121	280	221	140	Request for	-		
101 710 201	365 Utility filing fee	740.00	138 140	1510 110	138 240	1510 55		ute a public use proceed vive - unavoidable	ding	
* * * *	160 Design filing fee	740.00	141	1280	241	640		vive - unintentional		
	245 Plant filing fee		142	1280	242	640	-	ee (or reissue)		
108 710 208	355 Reissue filing fee		143	460	243 244	230 310	Design issue f			
114 150 214	75 Provisional filing fee		144 122	620 130	122	130	Petitions to t			
	SUBTOTAL (1) (\$)740	.00	123	50	123	50	Processing f	ee under 37 CFR 1 1	7(q)	
2. EXTRA CLAIM FI	EES		126	180	126	180	Submission		.	
Extra Fee from Claims below Fee Paid			581	40	581	40	Recording each patent assignment per property (times number of properties)			
Total Claims		146	740	246	370		mission after final CFR § 1 129(a)			
		149	740	249	370	For each additional invention to be				
Multiple Dependent 270 =							examined (3	7 CFR § 1.129(b0		
Large Entity Small Ent Fee Fee Fee Fee			179	740	279	370	Request for (RCE)	Continued Examına	ation	
Code (\$) Code (\$)	Fee Descript	tion	169	900	169	900	Request for	expedited examinat	tion	
103 18 203 9 102 80 202 40	Claims in excess of 20 Independent claims in excess	of 3	Other fee	(specify)			of a design a	црупсацоп 		
104 270 204 135	5 Multiple dependent claim, if no		<u> </u>							
109 80 209 40	** Reissue independent claims Over original patent		<u> </u>							
110 18 210 9	**Reissue claims in excess of and over original patent	20								
	* Reduc	ed by Basi	ic Filina Fe	ee paid	SUBTOTAL	. (3) (\$) (0.00			
**OR NUMBER PREVIOUSLY PAID, IF GREATER For Reissues, see above										
SUBMITTED BY					· ·		1	Complete (if app		
Name (Print/Type) Hisas	hi D. Watanabe		Registra	ation No.	37,46	5	Teler	phone 84	17-523-2322	
Signature Acoustic D. Watarobe Mail Date 12/21/01										
Signature	- sea . Par	www	<u> </u>				nun Date	. =, = 1/ 🗸 1		